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| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | *lw* | 68904 | 9/14/00 |
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| RESPONSE FORMALITY REVIEW | | | |
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## INDEX OF CLAIMS

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| ✔ | ............................ Rejected | N | ............................ Non-elected |
| = | ............................ Allowed | I | ............................ Interference |
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If more than 150 claims or 10 actions
staple additional sheet here

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